## CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI

Debtor: Benjamin Boyd Mitchell	SSN: XXX-XX- <b>2021</b>	CASE NO.	
_ Joint Debtor: <b>Jenefer Ruth Mitchell</b>	SSN: XXX-XX- <b>6455</b>	Median Income:	Above <b>XXX</b> Below
Address: 224 Highway 98, Seminary	MS 39479	·	

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

## **PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of <u>48</u> months, not to be less than 36 months for below-median income debtor(s), or less than 60 months for above-median income debtors(s).

(B) Joint Debtor shall pay \$254.00 monthly to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an order directing payment shall be issued to Debtor's employer at the following address:

Dolgencorp, LLC

100 Mission Ridge

Goodlettsville, TN 37072

PRIORITY CREDITORS. N/A

DOMESTIC SUPPORT OBLIGATION. N/A

**HOME MORTGAGES. N/A** 

## MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM. N/A

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

Security Nat Auto Acce	2008 Suzuki XL7	<u>NO</u>	<u>\$9,295.00</u>	<u>\$7,380.00</u>	<u>5%</u>	Pay Value
CREDITOR'S NAME	<b>COLLATERAL</b>	<u>CLM</u>	AMT. OWED	VALUE	RATE	AMT. OWED
		910*	APPROX.		INT.	PAY VALUE OR

<sup>\*</sup> The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS:** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	<u>COLLATERAL</u>	APPROX. AMT. OWE	<u>PROPOSED TREATMENT</u>
<b>Coastal Credit LLC</b>	2005 Suzuki Verona	a \$4,011.00	Surrender property & treat as
			<u>unsecured</u>
Preferred Credit Inc	<b>Kirby Vacuum</b>	<u>\$2,055.00</u>	Surrender property & treat as
			unsecured

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**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
Dept of Ed/Navient	<u>\$75,001.00</u>	<b>\$362.00</b>	<u>Unsecured</u>
Dept of Ed/Navient	<u>\$ 6,393.00</u>	<b>\$ 73.00</b>	<u>Unsecured</u>
Dept of Ed/Navient	<b>\$ 6,359.00</b>	<u>\$Unknown</u>	<u>Unsecured</u>
Dept of Ed/Navient	<b>\$ 5,495.00</b>	<b>\$ 62.00</b>	<u>Unsecured</u>
Dept of Ed/Navient	<b>\$ 3,807.00</b>	<b>\$ 61.00</b>	<u>Unsecured</u>
Dept of Ed/Navient	<b>\$ 1,913.00</b>	<u>\$ 58.00</u>	<u>Unsecured</u>
Dept of Edu/GLELSI	<b>\$ 7,289.00</b>	<b>\$ 72.00</b>	<u>Unsecured</u>

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

**GENERAL UNSECURED CLAIMS** total approximately \$125,885.00. Such claims must be *timely filed* and not disallowed to receive payment as follows:\_\_\_\_\_\_ IN FULL (100%), 0% (percent) MINIMUM, or a total distribution of \$0.00, with the Trustee to determine the percentage distribution. *Those general/unsecured claims not timely filed shall be paid nothing, absent order of the Court.* 

Total attorney fee charged: \$3,200.00
Attorney fee previously paid: \$0.00
Attorney fee to be paid in plan: \$3,200.00

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co./Agent Attorney for Debtor (Name/Address/Phone/Email)

Paul B. Caston, MSB # 10086 P.O. Box 1742 Hattiesburg, MS 39403-1742 Tel. 601-544-2516 Fax. 601-544-2517

E. paulcaston@gmail.com

DATED: July 7, 2015 DEBTOR'S SIGNATURE /s/ Benjamin Boyd Mitchell

JOINT DEBTOR'S SIGNATURE /s/ Jenefer Ruth Mitchell

ATTORNEY'S SIGNATURE /s/ Paul B. Caston

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Effective: October 1, 2011